

PH000068325

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

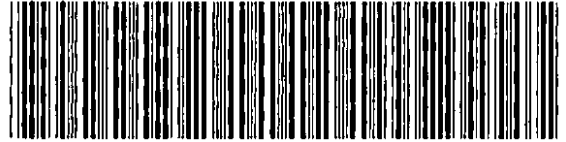
(Document Number)

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23 AUG 16 AM 10:04
HILL COUNTY CLERK
HILL COUNTY, TEXAS

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Remol Reed, P.A.

(Name of Corporation)

DOCUMENT NUMBER: P17000068325

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Justin I. Remol

(Name of Person)

Remol Reed, P.A.

(Name of Firm/Company)

623 Harbor Boulevard, Suite 9
(Address)

Destin, FL 32541

(City/State and Zip Code)

For further information concerning this matter, please call:

Justin I. Remol at (850) 5025025
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

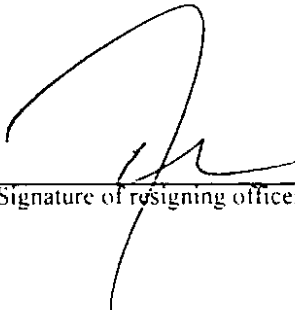
FILED
23 AUG 16 AM 10:05
TALLAHASSEE, FLORIDA

I, John K. Reed, hereby resign as Director
(Title)

of Remol Reed, P.A.
(Name of Corporation)

P17000068325, a corporation organized under the laws of the State of
(Document Number, if known)

Florida


(Signature of resigning officer/director)

FILING FEE IS \$35.00

Make checks payable to Florida Department of State and mail to:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314